

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Kenichi KOMIYA et al.

Title: LIGHT BEAM SCANNING APPARATUS AND IMAGE FORMING APPARATUS

Appl. No.: Unassigned

Filing Date: December 15, 1999

Examiner: Unassigned

Art Unit: Unassigned

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Assistant Commissioner for Patents  
Box PATENT APPLICATION  
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Kenichi Komiya  
Koji Tanimoto  
Jun Sakakibara  
Naoaki Ide  
Toshimitsu Ichiyanagi

Enclosed are:

- ☒ [ X ] Specification, Claim(s), and Abstract (70 pages).
- ☒ [ X ] Formal drawings (15 sheets, Figures 1-17).
- ☒ [ X ] Declaration and Power of Attorney (2 pages).
- ☒ [ X ] Assignment of the invention to Toshiba Tec Kabushiki Kaisha and Kabushiki Kaisha Toshiba.
- ☒ [ X ] Assignment Recordation Cover Sheet.
- ☒ [ X ] Claim for Convention Priority and Priority Document.
- ☒ [ X ] Information Disclosure Statement.

[ X ] Form PTO-1449 with copies of 12 listed reference(s).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$760.00	\$760.00
Total Claims:	21	- 20	= 1	x \$18.00	= \$18.00
Independents:	5	- 3	= 2	x \$78.00	= \$156.00
If any Multiple Dependent Claim(s) present:				+ \$260.00	= \$0.00
Assignment Recordation Fee (per property)				+ \$40.00	= \$40.00
				SUBTOTAL:	= \$974.00
[ ] Small Entity Fees Apply (subtract ½ of above):					= \$0.00
				TOTAL FILING FEE:	= \$974.00

- [ X ] A check in the amount of \$974.00 to cover the filing fee is enclosed.
- [ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [ X ] The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date **December 15, 1999**

By

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